U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number 0- 7635	1. /1 /04 Through: 12/31 104			
Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name KENNET BOLLANS	Name IBT LOCAL UNION 560			
	Labor Organization File Number $OZI-9/5$			
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any			
Street 576 Prospect AVE	street 707 Summit AVE			
city Ridge Field	city Union City			
State // ZIP Code + 407657	State NT. ZIP Code + 4 07087			
5. Position in Pabor organization. Secretary business Agent				
Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):				
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizations.	derived income or other economic benefit of on represents or is actively seeking to represent.			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.			
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street	7.b. Amount.			
Street				
City				
State ZIP Code + 4				
Sig	nature			
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the s	iving documents), has been examined by the signatory and is, to the best of the			

,	,	,
Name of Person Filing KEUNETH L	BOHAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively part of which consists of buying from or selling or leasing directly or included with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or irectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name I. B.T. Local Union 560 Trade Name, if any:	a. Labor Organizati b. Trust	on
P.O. Box, Bldg., Room No., if any Street 707 Sommet AUE	c. Employer	
city Union City	•	
State NJ. ZIP Code + 4 07087		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealin	g.
Name TEAMSTERS LOCAL MION 560	CHRISTMA	28 PARTY
Trade Name, if any:		/ /
P.O. Box, Bldg., Room No., if any		
Street 707 SUMMIT AVE	11.b. Approximate dollar value	of such dealing 25-94
city mion City	12.a, Nature of interest held	
State NJ ZIP Code + 4 07087	A Company of the Comp	The state of the contract of the state of th
7,007		÷
		•
		· · · · · · · · · · · · · · · · · · ·
	12.b. Amount.	
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money		

13.a. Name and address of Employer of (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.		•••		
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	·		,		,	
City		•				
State	ZIP Code + 4		,			
13.b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.				

	•
Jame of Person Filing KENNETH BUHAN	File Number U-
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name IBT Local Union 560	a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any Street 707 Summit AUE	c. Employer
City Mion City	
State VI. ZIP Gode + 4 07087	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name .	ANN MANIE PALUMBO
Trade Name, if any:	REFIREMENT PARTY
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing.
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	
ł ·	
	12.b. Amount,
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above)
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above)
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value.
of from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	er parts A and B above) or other thing of value.